
MEDICAL DEMOBILIZATION ISSUES

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Health Policy & Services



PROCESS

- FORMS
- PROVIDER INTERVIEW
- OCCUPATIONAL/ENVIRONMENTAL EVAL
- REFRAD PE
- TESTING
- TB SKIN TEST
- IMMUNIZATIONS
- LABORATORY
- INDIVIDUAL MEDICAL EQUIPMENT
- MEDICATIONS



Forms

- **DA Form 2173, Statement of Medical Examination and Duty Status**
- **DD Form 2697, Report of Medical Assessment**
- **DD Form 2766, Adult Preventive and Chronic Care Flow Sheet**
- **DD Forms 2795 and 2796**
 - **Pre- and Post-Deployment Health Assessment**



DD Form 2697, DA 2173, DD 2766

- **DD Form 2697, Report of Medical Assessment**
 - RC soldier pending REFRAD
- **DA Form 2173, Statement of Medical Examination and Duty Status**
 - Initiated by medical provider
- **DD Form 2766, Adult Preventive and Chronic Care Flow Sheet**
- **All paperwork assembled in health record**



DD Form 2795 and 2796

- Both available at time of provider review
- Original goes in health record
- Copy mailed to:
 - Army Medical Surveillance Activity (AMSA)
 - Building T-20 (ATTN: MCH-TS-EDM)
 - 6900 Georgia Avenue, NW
 - Washington, DC 20307-5001



DD Form 2796

- **Post-Deployment Health Assessment**
- **New enhanced form (includes depleted uranium on page 3, item #14)**
- **Four pages**
- **Screening function only, assessment of occupational and environmental illness and injury still require provider skills**



Provider Interview

- **Review form responses**
- **Positive response considerations to document**
 - **Acute illness and injury**
 - **Biological, chemical, and physical agent exposure**
 - **Ambient environment**
 - **Occupational exposure**



Provider Interview

- **Referral – testing and consultation**
- **Follow-up and treatment**
- **Identify servicemember concerns**
- **Provide CHPPM or PDHealth Fact Sheets**
- **Must meet medical retention standards in AR 40-501, Chpt 3**
 - **If not, refer to Medical Evaluation Board/Physical Evaluation Board**



Occupational and Environmental Illness and Injury

- Mechanism of illness or injury depends upon the following:
- Agent
 - physical, chemical, biological, ergonomic
- Route
 - skin, respiratory, gastrointestinal, pulmonary
- Dose*
 - quantity, duration



Occupational and Environmental Illness and Injury

- **Effects may be acute or delayed**
- **Require provider to have an index of suspicion**
- **Multiple factors, unknown interactions**
- **Exposure/Agent Questions**



Suggested Exposure Questions

- **(1) Agent/exposure.**
- **(2) Date and location**
- **(3) How did you determine you were exposed?**
 - **(a) Env testing - NBC Alarm/Monitor - Inhaled it?**
 - **(b) Got on Skin - Read report/Heard fm others?**
 - **(c) Penetrating wound/imbedded fragment.**



Suggested Exposure Questions

- **(4) How much exposure did you have?**
 - **(a) High/frequent?**
 - **(b) Med/Occasional?**
 - **(c) Low/Rare Not sure?**
- **(5) Has the exposure caused any health problems for you and/or did you see sick call for it/them?**
- **(6) Did you use protective equipment?**



Mental Health

- **Behavioral mental health personnel should be present or on-call**
- **Chaplin should be available or on-call**



Mental Health Questions

- **The 2796 provides screening only for-**
 - **Interest in care (item 10, interview item 4)**
 - **Depression (item 11)**
 - **Suicidal ideation (item 11c)**
 - **Post-traumatic stress (item 12)**
 - **Aggressive ideation (item 13)**



Mental Health Questions

- **Pay particular attention to:**
 - **Items 10-13**
 - **A desire for assistance (item 10)**
 - **Concerns about self harm (item 11c)**
 - **Use of “a lot”**
 - **Three or more of the acute/post-traumatic stress items (item 12)**
 - **Any concerns over loss of control (item 13)**



Health Risk Communication

- **Do not take their mistrust or apprehension personally**
- **Do not discount or minimize their concerns**
- **Document all concerns**
- **Study CHPPM or PDHealth Fact Sheets on probable disease risks**



REFRAD/Separation PE

- **Physical exam and vital signs**
 - pelvic and pap not required
- **Dental by provider (not problems)**
- **Tests**
 - HIV – (redeployment serum)
 - HCT/HGB
 - UA – albumin, sugar
 - vision
 - audiometry*
 - EKG only if clinically indicated



REFRAD/Separation PE

- **Over- 40**
 - **PSA**
 - **male rectal/prostate and occult blood**
 - **cholesterol**
 - **chest x-ray***
 - **UA – specific gravity and microscopic**
 - **FBS**
 - **EKG***



Tuberculin Skin Testing

- Requires two testing periods
- **First** at time of Demobilization
- **Second** 3-6 months later
 - Responsibility of Army Reserve Readiness Command & and Army National Guard State Surgeons
 - Must be recorded in MEDPROS
- PPD, intradermal injection that must be examined (read) by a trained person **48-72 hours** after given
- Positive PPDs are referred to preventive medicine



Immunizations

- **Hepatitis A**
- **Hepatitis B**
- **Influenza**
- **Measles-Mumps-Rubella (MMR)**
- **Oral polio vaccine/Inactivated Polio Vaccine**
- **Tetanus/Diphtheria (Td)**



Laboratory

- **HIV**
- **DNA**
- **Blood type**



Individual Medical Equipment

- **2 pair of glasses (if required)**
- **Hearing aid + 6 months supply of batteries (if required)**
- **Medical warning tags (if required)**



Medications

- **Post-deployment anti-malarial medications**
 - **Mefloquine 250mg once a week for 4 weeks, OR**
 - **Doxycycline 100 mg once a day for 28 days PLUS**
 - **Primaquine 15mg once a day for 14 days**
- **30 supply of any chronic medications**

